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BIBDATASHEET**CONFIRMATION NO. 4302**

Bib Data Sheet

SERIAL NUMBER 10/715,152	FILING DATE 11/17/2003 RULE	CLASS 404	GROUP ART UNIT 3671	ATTORNEY DOCKET NO. 49737.24
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 10/042,011 10/18/2001 ABN
Verified Pat

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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ADDRESS
 23573
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TITLE
 Barrier device with foam interior

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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